STATE OF IDAHO
DEPARTMENT OF ADMINISTRATION – OFFICE OF INSURANCE MANAGEMENT
IDAHO FLEX CONTRIBUTIONS REPORTING FORM

AGENCY _____ PAYDATE _____

MEDICAL REIMBURSEMENT ACCOUNT CONTRIBUTIONS

Employee Name	SSN	Contribution Amount	Employee Current Mailing Address

DEPENDENT CARE REIMBURSEMENT ACCOUNT CONTRIBUTIONS

Employee Name	SSN	Contribution Amount	Employee Current Mailing Address

8/2001